

THIS SECTION

Complete items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

At the mainline

Cpl C.G. Gruhn
320 N. Ripley Street
Montgomery, AL 36104-2722

File 10/02/2006

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Stephen L Bell</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (<i>Printed Name</i>)	C. Date of Delivery
y address different from item 1? <input type="checkbox"/> Yes Enter delivery address below: <input type="checkbox"/> No <i>0002 3461 6344</i>	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes <i>0002 3461 6344</i>	

2. Article Number

(Transfer from service list)

PS Form 3811, February 2004

Domestic Rate
7005 1820 0002 3461 6388

Domestic Return Receipt

102595-02-M 1515